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Department of the Treasury

Internal Revenue Service

Short Form 2020

# 2949204413806

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 3	30, 2019
B Check if applicable C Name of organization D Em	ployer identification number
Address change	
	34-1779535
	lephone number
	<u>(216) 791-4907                                    </u>
Amended return City or town, state or province, country, and ZIP or foreign postal code	oup Exemption
	ımber ► ,
G Accounting Method: X Cash	neck 🕨 🗓 if the organization is
	t required to attach Schedule B
J Tax-exempt status (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no.) 4947(a)(1) or 527 (Fo	orm 990, 990-EZ, or 990-PF).
K Form of organization: X Corporation Trust Association Other	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,	
column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>▶</b> \$ 158,846.
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions	· —
Check if the organization used Schedule O to respond to any question in this Part I	
1 Contributions, gifts, grants, and similar amounts received	1 98,075.
Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 17,505.
4 Investment income	4
5a Gross amount from sale of assets other than inventory 5a	4
b Less: cost or other basis and sales expenses 5b	-{ <u> </u>
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Gaming and fundraising events:	
a Gross income from gaming (attach Schedule G if greater than	
\$15,000)  b Gross income from fundraising events (not including \$ of contributions	4 1
b Gross income from fundraising events (not including \$ of contributions	
from fundraising events reported on line 1) (attach Schedule G if the sum of such	
gross income and contributions exceeds \$15,000)  6b 43,266.	
c Less: direct expenses from gaming and fundraising events 6c 12,186.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 31,080.
7a Gross sales of inventory, less returns and allowances 7a	-  `
b Less: cost of goods sold 7b	<del>  </del>
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe in Schedule O)	8 146 660
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 146,660.
10 Grants and similar amounts paid (list in Schedule 0)	10
MAY 11 2020   Y	11 2 2 272
12 Salaries, other compensation, and employee benefits	12 3,272. 13 21,758.
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance  OCDESTE SCHEDULE O	1 - 1 - 1
14 Occupancy, rent, utilities, and maintenance	0.00
	4 - 44
·	
17 Total expenses Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)	
19 Net assets or fund balances at beginning of year (from line 27, column (A))	18 7,995.
(must agree with end-of-year figure reported on prior year's return)	19 27,004.
Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)	20 0.
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 34,999.
LHA For Paperwork Reduction Act Notice, see the separate instructions	Form <b>990-EZ</b> (2018)

_	m 990-EZ (2018) LITTLE ITALY REDEVELOPMEN		3	<u>4 – 1</u>	<u> 17795</u>	35 Page 2
Pá	Balance Sheets (see the instructions for Part II)					
	. Check if the organization used Schedule O to re					X
		<u></u> 1	(A) Beginning of year	├	(B) E	nd of year
22			12,414.	<del></del>		25,018.
23	· · · · · · · · · · · · · · · · · · ·		14 760	23		11 201
24	,	) <u> </u>	14,769.			11,381. 36,399.
25		<u>,</u>	27,183. 179.			1,400.
26			27,004.			34,999.
27 P:	art III Statement of Program Service Accomplishme	ents (see the instruct	tions for Part III)	121		penses
	Check if the organization used Schedule O to re				(Required	for section
Wha	at is the organization's primary exempt purpose?CITY BEAUTIFIC					and 501(c)(4) ons; optional for
	cribe the organization's program service accomplishments for each of its three largest program	<del></del>			others.)	nis, optional to
	ner, describe the services provided, the number of persons benefited, and other relevant infor		as in a croat and contour			
28	CITY BEAUTIFICATION PROJECT					
				_	İ	
				_ i		
	(Grants \$ ) If this amount includes foreign	grants, check here			28a	
29				_		
				_		
	(Grants \$ ) If this amount includes foreign	grants, check here	<u> </u>		29a	
30				_		
				— l		
	/Ourself Company of the Company of t			— I.	00-	
0.4	(Grants \$ ) If this amount includes foreign	grants, check here		<u> </u>	30a	
	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign	avente abank base	<b>⊾</b> [	,	31a	
	(Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)	grants, check here		$\overline{}$	32	0.
P	art IV List of Officers, Directors, Trustees, and Key I	Employees (list each one	even if not compensated - si			
	Check if the organization used Schedule O to re					
		(b) Average hours		d) Hea	Ith benefits,	(e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)		butions to yee benefit	amount of other
	• •	position	(if not paid, enter -0-)		nd deferred ensation	compensation
RA	Y KRISTOSIK					
EX	ECUTIVE DIRECTOR	20.00	0.		0.	0.
AN	IGIE SPITALIERI					
PR	RESIDENT	5.00	0.		0.	0.
	RRY SOBNOSKY					•
	CE PRESIDENT	⊣				
		5.00	0.		0.	0.
VT	NN SINGER					0.
_	NN SINGER CE PRESIDENT	5.00	0.		0.	
JU	TNN SINGER CE PRESIDENT LIUS CIACCIA	5.00	0.		0.	0.
JU TR	TNN SINGER CE PRESIDENT LIUS CIACCIA EEASURER					0.
JU TR PA	TNN SINGER CE PRESIDENT LIUS CIACCIA EASURER LULETTE COLAROCHIO	5.00	0.		0.	0. 0.
JU TR PA SE	TNN SINGER CE PRESIDENT LIUS CIACCIA EASURER ULETTE COLAROCHIO CRETARY	5.00	0.		0.	0.
JU TR PA SE	TNN SINGER CE PRESIDENT LIUS CIACCIA EASURER LULETTE COLAROCHIO	5.00	0.		0.	0. 0. 0.
JU TR PA SE	TNN SINGER CE PRESIDENT LIUS CIACCIA EASURER ULETTE COLAROCHIO CRETARY	5.00	0.		0.	0. 0.
JU TR PA SE	TNN SINGER CE PRESIDENT LIUS CIACCIA EASURER ULETTE COLAROCHIO CRETARY	5.00	0.		0.	0. 0. 0.
JU TR PA SE	TNN SINGER CE PRESIDENT LIUS CIACCIA EASURER ULETTE COLAROCHIO CRETARY	5.00	0.		0.	0. 0. 0.
JU TR PA SE	TNN SINGER CE PRESIDENT LIUS CIACCIA EASURER ULETTE COLAROCHIO CRETARY	5.00	0.		0.	0. 0. 0.
JU TR PA SE	TNN SINGER CE PRESIDENT LIUS CIACCIA EASURER ULETTE COLAROCHIO CRETARY	5.00	0.		0.	0. 0. 0.
JU TR PA SE	TNN SINGER CE PRESIDENT LIUS CIACCIA EASURER ULETTE COLAROCHIO CRETARY	5.00	0.		0.	0. 0. 0.
JU TR PA SE	TNN SINGER CE PRESIDENT LIUS CIACCIA EASURER ULETTE COLAROCHIO CRETARY	5.00	0.		0.	0. 0. 0.
JU TR PA SE	TNN SINGER CE PRESIDENT LIUS CIACCIA EASURER ULETTE COLAROCHIO CRETARY	5.00	0.		0.	0. 0. 0.
JU TR PA SE	TNN SINGER CE PRESIDENT LIUS CIACCIA EASURER ULETTE COLAROCHIO CRETARY	5.00	0.		0.	0. 0. 0.

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Form **990-EZ** (2018)

Page 3

	instructions for Part V.) Check if the organization used Sch. O to respond to any question in the	nis Pa		$\mathbf{x}$
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33	L	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	1		
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A_
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36_		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	<b></b> -		
	Did the organization file Form 1120-POL for this year?	37b	_	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	4		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9  39a N/A	1		
b	Gross receipts, included on line 9, for public use of club facilities  39b  N/A	4		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 . ; section 4912 ▶ ; section 4955 ▶			
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		l	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed   OH			
42 a	The organization's books are in care of ► RAYMOND KRISTOSIK Telephone no ► 216-79			
		410	<u>6-1</u>	<u>93</u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	_
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country:			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		Form 9	90-F7	/201/

46 • Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  If "Yes," complete Schedule C, Part I  Part VI Section 501(c)(3) Organizations Only  All section 501(c)(3) Organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51  Check if the organization used Schedule O to respond to any question in this Part VI  47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II  48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  49a Did the organization make any transfers to an exempt non-charitable related organization?  b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who ce than \$100,000 of compensation from the organization. If there is none, enter "None."	46 47 48 49a	Yes	No X
If "Yes," complete Schedule C, Part I  Part VI  Section 501(c)(3) Organizations Only  All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51  Check if the organization used Schedule O to respond to any question in this Part Vi  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who seemant the compensated employees (other than officers, directors, trustees, and key employees) who seemant the compensated employees (other than officers, directors, trustees, and key employees) who seemant the compensated employees (other than officers, directors, trustees, and key employees) who seemant the compensated employees (other than officers, directors, trustees, and key employees) who seemant this compensated employees (other than officers, directors, trustees, and key employees) who seemant the compensated employees (other than officers, directors, trustees, and key employees)	47 48 49a	Yes	X
Part VI Section 501(c)(3) Organizations Only  All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51  Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who expenses the section of the organization or the organization of the organization or the organization or the organization of the organization or the organization of the organization or the organization or the organization of the organization or the organization	47 48 49a	Yes	
Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who described in the organization of the organiz	48 49a	Yes	
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who described in section 527 organization.	48 49a	Yes	
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who expenses the organization or the organiza	48 49a	Yes	<u> </u>
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who expenses the organization or the organiza	48 49a	<del> </del>	
Did the organization make any transfers to an exempt non-charitable related organization?  b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who expenses the section of the organization	49a		X
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who		+-	X
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who	49b		
than \$100,000 of compensation from the organization. If there is none, enter "None "	each r	eceived	more
(a) Name and title of each employee  (b) Average hours  (c) Reportable compensation (Forms)  per week devoted to  (d) Health benefit contributions to see the period of th	سما ا	e) Estim	
NONE per week devoted to position w-2/1099-MISC) employee benefit plans, and deferre compensation		ompens	
	+		
	$\top$		
(a) Name and business address of each independent contractor (b) Type of service (c)	Comp	ensatio	<u>n</u>
d. Total number of other independent contractors each receiving over \$100,000			
	X Y	es	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  The penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  The penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	dge an		
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a  completed Schedule A  ider penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  ign  cree  RAYMOND KRISTOSIK, EXECUTIVE DIRECTOR	dge an		
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledule, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Signature of motes.  Date	dge an		
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, correct, and complete. Declaration of peparer (other than officer) is based on all information of which preparer has any knowledge    Signature of other than officer   Is based on all information of which preparer has any knowledge	dge an		
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Indeer penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Indeed REMOND KRISTOSIK, EXECUTIVE DIRECTOR  Typer or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check If PTIN self- employed  Taking SANTAGATA CPA  PO 0	dge an		f, it is
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, correct, and complete. Declaration of perparer (other than officer) is based on all information of which preparer has any knowledge    Signature of print   Print/Type preparer's name   Preparer's signature   Date   Check   if   PTIN     Self- employed   Print/Type preparer's name   Santagata CPA   Print/Type preparer's signature   Print/Type preparer's signature   Print/Type preparer's signature   Print/Type preparer's signature   Print/Type preparer's name   Santagata CPA   Pooper   Poope	485	5148	f, it is
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Concept	485	5148	f, it is
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Concept	485 436 2-8	5148	f, it is

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		<u></u> <u>L:1'T'</u>	<u>LE TTALY R</u>	EDE A EPOLWENT	CORP	•	3	4-1//9000
Pai	t I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions	
he o	organi	zation is not a private found	ation because it is. (	For lines 1 through 12, o	check only	one box)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(	1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(iı). (	Attach Schedule E (Forr	n 990 or 9	90-EZ).)		$\Lambda \Omega$
3		A hospital or a cooperative		•			ii).	1)4
4	一	A medical research organiz					· ·	the hospital's name.
7		city, and state		,		0001.0	0(5)( 1)()().	,
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ed by a d	overnmental unit describ	ned in
5				logo or arrivorsity owner	a or opera	ica by a g	Overmiental and desone	,ca
_	section 170(b)(1)(A)(iv). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
6	=	<del>-</del>	=				• •	
7	ш	An organization that norma	•	ntial part of its support	rom a gov	ernmentai	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	=	A community trust describe						
9		An agricultural research org	janization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions)	. Enter the	name, city	y, and state of the colleg	e or
		university					<u>-</u>	
10	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	in 33 1/3% of its support	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975
		See section 509(a)(2). (Cor	mplete Part III )					
11		An organization organized a	and operated exclus	vely to test for public sa	afety See	section 50	09(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2)	See section 509(a)(3).	Check the box in
		lines 12a through 12d that	=				• • • •	
а		Type I. A supporting orga				-		aivina
_		the supported organization				-		- ·
		organization. You must c						
h		Type II. A supporting orga	•		tion with it	s sunnort	ed organization(s), by ha	vina
U	<b></b>	control or management of	•				•	•
		-			ame perso	nis triat co	mittor or manage the sup	ported
_		organization(s) You mus	•				and formationally interpret	a.dth
С	Щ.	Type III functionally inte	•					ea wiin,
		its supported organization		•	•	•	•	
a	Щ.	Type III non-functionally	-	- ·			• • • • •	
		that is not functionally int	-		•		•	iveness
		requirement (see instructi		-	-			
е	L	Check this box if the orga					a Type I, Type II, Type III	
		functionally integrated, or	• •	nally integrated support	ing organiz	ation.		
f		r the number of supported o	•					
g		ide the following information			(iv) is the orga	nization listed		
	(ı	Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
		•			'	i		
					1			
					] .			
				<del> </del>			<del> </del>	

	edule A (Form 990 or 990-EZ) 2018 L rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(	
	(Complete only if you checked			•	on failed to qualify i	under Part III If th	ie organizatión
	fails to qualify under the tests	s listed below, plea	se complete Part	····			
<u>Sec</u>	tion A. Public Support			<del></del>	<del>_</del>		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						<u> </u>
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					/	
4	Total. Add lines 1 through 3						<u> </u>
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			)	1		
6	Public support. Subtract line 5 from line 4				<u> </u>		
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			ľ			
	and income from similar sources				ŀ		
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )		•				
11	Total support. Add lines 7 through 10						<del>                                     </del>
	Gross receipts from related activities,	etc (see instruction		<u> </u>		12	
	First five years. If the Form 990 is for			d fourth or fifth t	ax vear as a section		
13	organization, check this box and stop		mot, second, tim	a, rourar, or mare	ax year as a section	11 30 1(0)(0)	▶□
Sec	tion C. Computation of Publ		rcentage	····			
	Public support percentage for 2018 (I	<del></del>		column (fl)		14	%
	Public support percentage from 2017		•	) (i) (i)		15	%
	33 1/3% support test - 2018. If the c			n line 13, and line	14 is 33 1/3% or m		
.04	stop here. The organization qualifies	•			141000 17070 0111	ioro, orioon triio o	<b>▶</b> □
h	33 1/3% support test - 2017 If the co				d line 15 is 33 1/3%	or more check t	his hox
Ū	and stop here. The organization qual	=			3 11110 13 13 33 17070	or more, encore	<b>▶</b> □
17^	10% -facts-and-circumstances test	•	• •		e 13 16a or 16h r	and line 14 is 100/	or more
ıı a	and if the organization meets the "fac						
	meets the "facts-and circumstances"					t villow the orga	I II Zation
L-	/			-	_	170 and line 15	10% 05
D	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						▶ ┌──
10	organization meets the "facts-and-circ						
_18_	Private foundation. If the organization	п дій пос спеск а	DUX UITIITIE 13, 16	a, 100, 17a, 01 17			
	/				Sche	aule w (Form 99)	0 or 990-EZ) 2018

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support				· · · · · · · · · · · · · · · · · · ·			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not		i	i				
	include any "unusual grants ")	74,669.	107,805.	24,267.	73,101.	115,580.	395,422.	
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in		]	:				
	any activity that is related to the organization's tax-exempt purpose	12,254.	11,870.	21,420.	42,680.	43.266.	131,490.	
3	Gross receipts from activities that		11,0,00	21,1200	12/0001	13/200	131/1500	
3	are not an unrelated trade or bus-	1			<u>'</u>			
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to	ļ						
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	86,923.	119,675.	<u>45,687.</u>	115,781.	158,846.	526,912.	
7 a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons						0.	
t	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year						0.	
c	: Add lines 7a and 7b						0.	
_8	Public support. (Subtract line 7c from line 6)	1					526,912.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
9	Amounts from line 6	86,923.	119,675.	45,687.	115,781.	158,846.	526,912.	
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources							
ь	Unrelated business taxable income							
-	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
_	Add lines 10a and 10b							
_	Net income from unrelated business		-	-···	<u></u>			
• •	activities not included in line 10b,							
	whether or not the business is							
12	regularly carried on Other income Do not include gain							
12	or loss from the sale of capital	1						
	assets (Explain in Part VI)	06 000	110 675	45 605	115 501	150 046	F06 010	
	Total support (Add lines 9, 10c, 11, and 12)	86,923.	119,675.		115,781.	158,846.		
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organız	ration,	
<u></u>	check this box and stop here	is Compart Da						
	ction C. Computation of Publ						100 00	
	Public support percentage for 2018 (I			column (f))			100.00 %	
	Public support percentage from 2017				<u> </u>	16	<u>100.00 %</u>	
	ction D. Computation of Inves					-1		
	Investment income percentage for 20		<del>-</del>	ne 13, column (f))		17	.00 %	
	Investment income percentage from					18	.00 %	
19a	33 1/3% support tests - 2018. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1		
	more than 33 1/3%, check this box a	nd stop here. The	organization qualif	es as a publicly s	upported organiza	tion	$\triangleright \mathbf{X}$	
b	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and	
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	ightharpoons	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

#### Schedule A (Form 990 or 990-EZ) 2018 LITTLE ITALY REDEVELOPMENT CORP.

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Supporting	<b>Organizations</b>
---------	--------	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
11		
, ,	·	
2		
3a	_	
1		
25		
3b		1
3c		
4a	_	
4b		
40		
•		
4c		<u> </u>
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5a		
5b		
5c		
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9a		<del></del>
9b		
30		
9c		
10a		<del></del> ,
10b		

		L//953	3 P	age 5
Ра	rt IV   Supporting Organizations (continued)	<u>_</u>		·
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<del>                                     </del>
_	A family member of a person described in (a) above?	11b	<del>                                     </del>	-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	·	<u> </u>
<u> </u>	Mon D. Type I dupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	1,40
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	.		•
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	
	controlled the organization's activities. If the organization had more than one supported organization,	1	}	1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		ļ	
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	٠ ا		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	<u></u>	
Sec	tion D. All Type III Supporting Organizations			,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		}	1
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ļ
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<del> </del>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		<u></u>	1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction			-
' a	The organization satisfied the Activities Test Complete line 2 below	115).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instruction:	s)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		ļ ,	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			_
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

	dule A (Form 990 or 990-EZ) 2018 LITTLE ITALY REDEVELOPM			<u>34-1//9535 Page 6</u>
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	<u> </u>
1٠	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	n Nov. 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	_	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	-		
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1 1		
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8	,	ļ
Sect	ion C - Distributable Amount			Current Year
_ 1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	•	
_2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ted Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	t V Type III Non-Functionally Integrated 509			4-1//9535 Page 7
		(a)(a) Supporting Orga	aniizations (continued)	Current Vers
	on D - Distributions  Amounts paid to supported organizations to accomplish exe	<del></del>	Current Year	
1	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp	<del></del>		
2	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose			
3_	Amounts paid to acquire exempt-use assets	es or supported organization	<u> </u>	
4	Qualified set-aside amounts (prior IRS approval required)	· · · · · · · · · · · · · · · · · · ·		
5	Other distributions (describe in Part VI) See instructions.			
6_	Total annual distributions. Add lines 1 through 6			
<u>7</u> 8	Distributions to attentive supported organizations to which the	a organization is responsive		
0	(provide details in Part VI). See instructions	ic organization is responsive		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10_	Elife o allicant divided by line o allicant	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
_a	From 2013			
b	From 2014			
С	From 2015			
<u>d</u>	From 2016			
е_	From 2017			
<u>f</u>	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
_i_	Remainder Subtract lines 3g, 3h, and 3i from 3f.			· · · · · · · · · · · · · · · · · · ·
4	Distributions for 2018 from Section D,			!
	line 7 \$			
<u>a</u>	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·		•
<u>b</u>	Applied to 2018 distributable amount			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7			
а	Excess from 2014			
	Excess from 2015			
	Excess from 2016	· · · · · · · · · · · · · · · · · · ·		
<u>d</u>	Excess from 2017			<u> </u>
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Part IV, Section A, I line 1, Part IV, Section Section D, lines 5, 6	Information ines 1, 2, 3b, 3d on D, lines 2 an	Provide the e , 4b, 4c, 5a, 6 d 3, Part IV, Se	xplanations req 9a, 9b, 9c, 11a ection E, lines 1	uired by Part II, a, 11b, and 11c, c, 2a, 2b, 3a, ar	line 10, Part II, Part IV, Sectiond 3b, Part V, Iir	line 17a or 17b, Pa n B, lines 1 and 2; F ne 1; Part V, Section	Part IV, Section C, n B, line 1e, Part V,
·	(See instructions)	· • • • • • • • • • • • • • • • • • • •						
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## **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.qov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2018

Name of the organization						Employer ide	ntification number
LITTLE	ITALY REDEVELOPMEN	T C	ORP			34-1779	535
Part I Fundraising Activities required to complete this par	Complete if the organization answert.	red "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	I filers are not
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the	sed funds through any of the following Solicitates for oral agreement with any individual fart VII) or entity in connection with products or entities (fundraisers) pursuant	tion of tion of fundra (includerofess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, trui fundraising services?	stees	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (d	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					_		
				•			
		<u> </u>					
Total  3 List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from re	egistration
				<del></del>			
				<del></del>			

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	edul irt l	e G (Form 990 or 990 EZ) 2018 LITTLE    Fundraising Events. Complete if the				1779535 Page 2
1 4	-	of fundraising event contributions and gr				
TÌ			(a) Event #1	(b) Event #2	(c) Other events	
			TRIPE DINNER	FEAST	NONE	(d) Total events
				FUNDRAISER		(add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue						
ě	1	Gross receipts	33,230.	10,036.		43,266
ш.			•			
	2	Less Contributions				
	3_	Gross income (line 1 minus line 2)	33,230.	10,036.		43,266
ļ	4	Cash prizes				
	_	Noncook www.co				
ς,	5	Noncash prizes		· · · · · · · · · · · · · · · · · · ·		
Sug-	6	Rent/facility costs	200.	180.		380
ğ	0	Tient/racinty costs		100.		
Direct Expenses	7	Food and beverages	4,632.	7,174.		11,806
Ē	•	Toda and bottorages	170021	7,12,		11/000
_	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through	9 in column (d)		<b>&gt;</b>	12,186
		Net income summary Subtract line 10 from li	ne 3, column (d)			31,080
Pa	rt l	II Gaming. Complete if the organization	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a		<del> </del>		
ا ي			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(-,	bingo/progressive bingo	(0)	col. (a) through col (c)
ا چُ						
4	_1_	Gross revenue				
- 1						
န္တ	2	Cash prizes				
Expenses	_	Noncash prizes				
Ä	3	Noncash prizes			·	
ig		Rent/facility costs				
Ē	4	Thermitacinty costs				
	5	Other direct expenses				
_			Yes %	Yes %	Yes %	
-	6	Volunteer labor	No No	No No	No No	
	_					
Ì	7	Direct expense summary Add lines 2 through	5 in column (d)		•	
			.,			
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			
9	Ent	er the state(s) in which the organization condu	icts gaming activities			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "I	No," explain				
			<u> </u>	<del></del>		
				<del></del>	<del></del>	
		re any of the organization's gaming licenses re				☐ Yes ☐ No
þ	If "	Yes," explain.				
	_					

Sch.	edule G (Form 990 or 990 EZ) 2018 LITTLE ITALY REDEVELOPMENT CORP. 34-	<u> 1779535</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 ,	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in.		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address >		<del></del>
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
С	If "Yes," enter name and address of the third party		
	Name		_
	Address >		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year  \$\times supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part I.	art III. lines Q	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	11 t III, IIII 63 3,	30, 100,
	Too, 100, and 110, and applicable 1400 provide any additional information coordinates to the		
			<del></del>
		<del></del> -	

Schedule G	(Form 990 or 990-E	Z) LITTLE	ITALY	REDEVELOPMENT	CORP.	34-1779535 Page 4
Part IV	Supplemental	Information (cont	inued)	<del></del>		
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#### **SCHEDULE 0**

• (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LITTLE ITALY REDEVELOPMENT CORP.

**Employer identification number** 34-1779535

LITTLE ITALY REDEVELOPMENT CORP.		<u> 34-1</u>	779535
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, U	TILITIES,	AND M	AINTENANCE:
DESCRIPTION OF EXPENSES:			AMOUNT:
DEPRECIATION			2,588.
OTHER EXPENSES			15,399.
TOTAL TO FORM 990-EZ, LINE 14			17,987.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:			
DESCRIPTION OF OTHER EXPENSES:			AMOUNT:
PAYROLL TAXES			201.
INSURANCE			36,289.
MEETINGS			160.
TRAVEL			108.
MEMBERSHIPS, DUES & FEES			55.
BANK FEES			83.
SUPPLIES			1,929.
MERCHANT BUDGET EXPENSE			4,845.
MANAGEMENT FEES	<del></del>		39,395.
PARKING LOT EXPENSES			12,218.
TOTAL TO FORM 990-EZ, LINE 16			95,283.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:			
DESCRIPTION	BEG. OF	YEAR	END OF YEAR
DEPOSIT-RENT		750.	750.
PREPAID EXPENSES		800.	0.
OTHER DEPRECIABLE ASSETS	13,	219.	10,631.
TOTAL TO FORM 990-EZ, LINE 24		769.	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sched	uie O (Forn	n 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)  Name of the organization	Page Employer identification number			
LITTLE ITALY REDEVELOPMENT CORP.		1779535		
			<del></del>	
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:				
DESCRIPTION BEG.	OF YEAR	END OF	YEAR	
ACCRUED TAXES WITHHELD	179.	<u>.</u>	0.	
DEFERRED INCOME	0.	1	400.	
TOTAL TO FORM 990-EZ, LINE 26	179.	1,	400.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BE	NEFIT CO	ONTRACTS:		
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY	FUNDS,	DIRECTLY		
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT C	ONTRACT	·		
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PR	EMIUMS,	DIRECTLY	·	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.		<del> </del>	<del></del>	
			-	
		<del>,</del> -		
	<del></del>			